

**APPLICATION FOR CERTIFICATE OF EXEMPTION
(By Inactive Practitioner)**

IOWA BOARD OF DENTAL EXAMINERS

400 S.W. 8th Street, Suite D
Des Moines, IA 50309-4687
Phone (515) 281-5157
www.state.ia.us/dentalboard

Iowa Administrative Code 650—25.8(153) specifies that a licensee or registrant who is not engaged in practice in the State of Iowa may be granted an exemption of compliance with the continuing education requirements and obtain a certificate of exemption upon written application to the Board. The application shall contain a statement that the applicant will not practice in Iowa without first complying with all regulations governing reinstatement after exemption. If approved, the applicant's license or registration will be placed on "inactive status." Under inactive status, the appropriate renewal application and fee must be submitted on a biennial basis; however, no continuing education is required. In addition, the license or registration cannot engage in the practice of their profession in Iowa while on inactive status.

1. Name _____ Iowa License/Registration Number _____

2. Home Address _____ City _____ State _____

3. Phone Number: _____ Fax Number: _____

E-mail: _____

4. Profession: ☐ Dentist ☐ Dental Hygienist ☐ Dental Assistant

5. Former Practice Location:

Statement of Condition for Exemption:

I hereby apply for a certificate of exemption of the minimum requirements for continuing education in the State of Iowa and further state that I will not practice in Iowa, effective with the date of this application, without first complying with all rules governing reinstatement after exemption.

Applicant's Signature _____ Date _____

Mail To:

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